

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/980,647

FILING DATE

APPLICANT(S)

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2			1		1		
3			1		1		
4			1		1		
5			14		4		
6			4		4		
7			10		0		
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TOTAL DEP.		9		14			
TOTAL CLAIMS		10		15			

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